

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1-1997-49-000808

| | | | |
|------------------------|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | |
| THIS CHILD | 1A. NAME OF CHILD --- FIRST (GIVEN) TIMOTHY | 1B. MIDDLE JAMES | 1C. LAST (FAMILY) FARRELL |
| | 2. SEX MALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. - |
| | 4A. DATE OF BIRTH --- MM/DD/YYYY 03/03/1997 | | 4B. HOUR --- (24 HOUR CLOCK TIME) 2129 |
| PLACE OF BIRTH | 5A. PLACE OF BIRTH --- NAME OF HOSPITAL OR FACILITY COMMUNITY HOSPITAL | | 5B. STREET ADDRESS --- STREET, NUMBER, OR LOCATION 3325 CHANATE RD |
| | 5C. CITY SANTA ROSA | | 5D. COUNTY SONOMA |
| FATHER OF CHILD | 6A. NAME OF FATHER --- FIRST (GIVEN) - | 6B. MIDDLE - | 6C. LAST (FAMILY) - |
| MOTHER OF CHILD | 8A. NAME OF MOTHER --- FIRST (GIVEN) PATRICIA | 8B. MIDDLE DAWN | 8C. LAST (MAIDEN) FARRELL |
| PARENT'S CERTIFICATION | 12A. PARENT OR OTHER INFORMANT --- SIGNATURE <i>Patricia D. Farrell</i> | | 12B. RELATIONSHIP TO CHILD MOTHER |
| | 12C. DATE SIGNED 03/04/1997 | | 12D. DATE SIGNED 03/04/1997 |
| CERTIFICATION OF BIRTH | 13A. ATTENDANT OR CERTIFIER --- SIGNATURE --- DEGREE OR TITLE <i>Janice Sharpe, LVN</i> | | 13B. LICENSE NUMBER RESIDENT |
| | 13C. DATE SIGNED 03/04/1997 | | 13D. DATE SIGNED 03/04/1997 |
| LOCAL REGISTRAR | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT LYNN MORTENSEN, MD, 3325 CHANATE RD., SANTA ROSA | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT JANICE SHARPE, LVN |
| | 15A. DATE OF DEATH | 15B. STATE FILE NO. (STATE USE ONLY) | 15. LOCAL REGISTRAR --- SIGNATURE <i>Janice R. Sharpe, MD</i> |
| | | | 17. DATE ACCEPTED FOR REGISTRATION 03/11/1997 |

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STATE OF CALIFORNIA, COUNTY OF SONOMA

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DATE ISSUED JUL 20 2007

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Janice Atkinson
JANICE ATKINSON, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

